FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059537 (7)

NSURED WARRANTY CORPORATION

Principal Place of Business Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



10921 N 56 STREET SUITE 200 TEMPLE TERRACE FL 33617		10921 N 56 STREET SUITE 200 TEMPLE TERRACE FL 33617		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address		07/20/1995 4. FEI Number Applied For	
21 26				59-3344617 Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc.				S8 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	e e	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent TOMAGNIC DATE: 81 Name					
	MASINO, PAUL		VI Harrie		
				Address (P.O. Box Number is Not Acceptable)	
TEMPLE TERRACE FL 33617			63		
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Statute	s. the above-named	corporation submits this statement for the purpose of changing its registerer	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules.					
_	in tarina with and accept the con	igations of, decitor dov. 3300, 1 to	ion olaidios.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE	Registered Agent signature	e required when reinstaling) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELE te	1.1 TITLE	P/T Change Addition	
NAME	Tomasino, Paul		1.2 NAME	TOMASINO, PAUL 10921 N. 56 ST, SUITE 200	
STREET ADDRESS	10921 N 56 STREET SUITE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 3361		1.4 CITY - ST - ZIP	Temple Terrace F1, 33617	
TITLE		☐ DELETE	2.1 TITLE	VP/5 □ Change □ Additio	
NAME			2.2 NAME	Tomasino, Sherrill M. 10921 N. 56 M St, Suite 200	
STREET ADDRESS			2.3 STREET ADDRESS	10981 N. 56 M ST SUITE 804	
CITY-ST-ZIP		Delete	2. 4 CITY-ST-ZIP	Temple TrivainFl. 376/7	
TITLE		☐ DELETE	3.1 TITLE	V Change Nuclio	
NAME			3.2 NAME	Piper, Howard H. 10981 N. 56th St. Sul7, 200	
STREET ADDRESS			3 3 STREET ADDRESS	10981 N. 5614 3 F. 34176	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Temple Trivair, F1 33617	
NAME		La beter	4. 2 NAME	Change L Addition	
STREET ADDRESS					
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Additio	
NAME		2	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Additio	
NAME		_	6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP	· ·		6.4 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify for		ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

indicated on this annual report or supplies will this ming toos for quality in the exemption stated in section 1 19.07(3)(), Florida Statutes. Turner certify that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

1/12/20